

PEORIA AREA EMS SYSTEM

NON-TRANSPORT PATIENT CARE REPORT

Agency Name & Unit Number:				Incident Number:			Date of Service:
Call Times	Initial Call	Enroute	On Scene/At Patient		Transfer Care	Clear	Back in Service

Demographics

Last, First, Middle Initial: _____

DOB	Age	Gender
Address	Street	
	City	State Zip

Medical History

NONE <input type="checkbox"/>	Seizure <input type="checkbox"/>	Notes/Other	Family Doctor:	Designation Hospital
High B/P <input type="checkbox"/>	Diabetic <input type="checkbox"/>		Chief Complaint	
Cardiac <input type="checkbox"/>	Psych. <input type="checkbox"/>			Refusal? Complete PAEMS Refusal Form
Resp <input type="checkbox"/>	Stroke/CVA <input type="checkbox"/>			Pain Scale (0-10)
Other				
Medications: None <input type="checkbox"/> Unknown <input type="checkbox"/>			Allergies: YES <input type="checkbox"/> NO <input type="checkbox"/>	

Vital Signs & Treatments

Time	Respirations	Pulse	Capnography/SpO2	Blood Pressure	Blood Sugar	12-Lead EKG <input type="checkbox"/>	
			%			Transmitted <input type="checkbox"/>	
			%				
			%				
			%				

Medication Administration

Cardiac Arrest

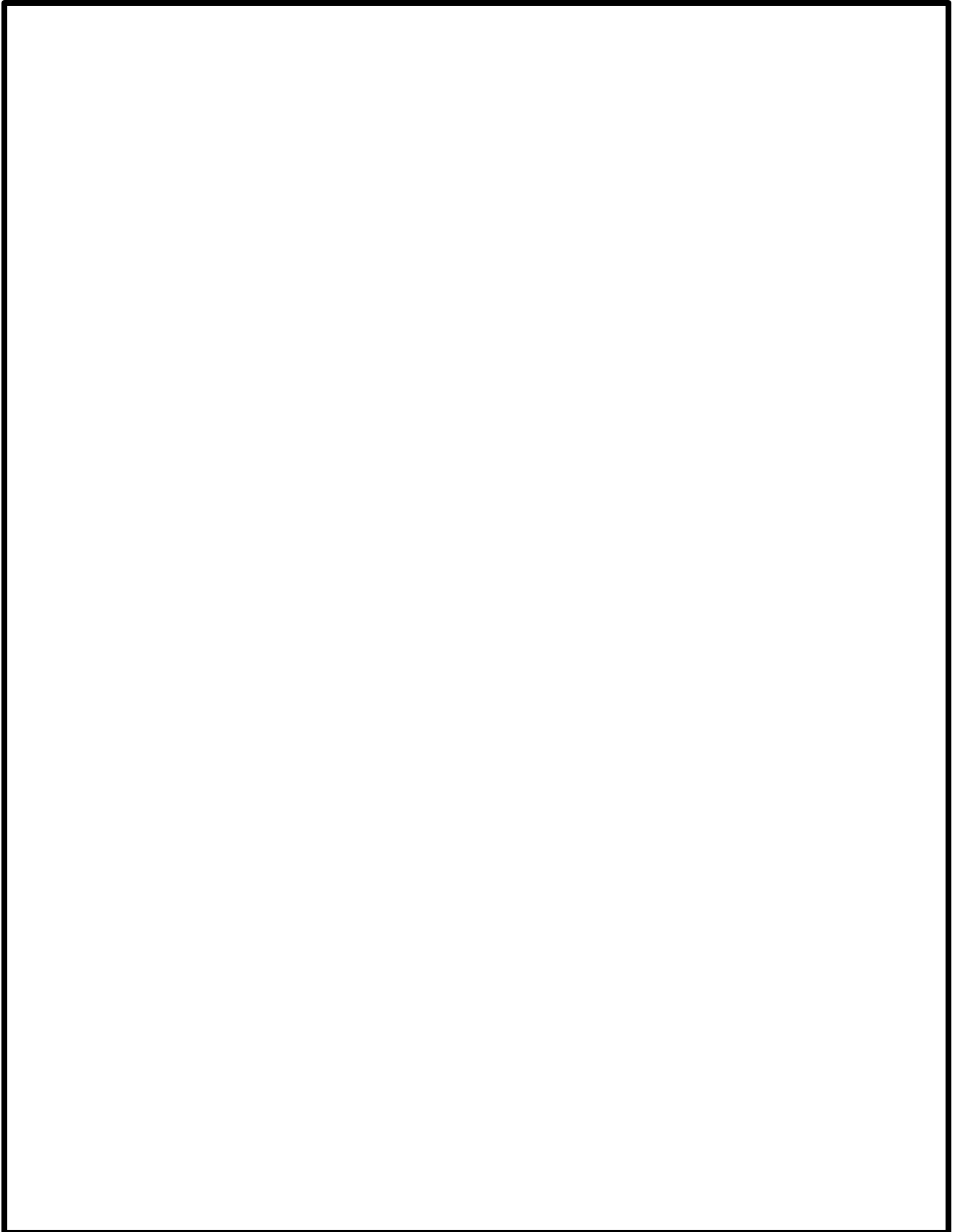
Medication	Dose 1	Dose 2	Dose 3	Dose	Route	Intervention	Time
Oxygen				Various	Various	CPR Started	
Albuterol/Atrovent				2.5 mg/0.5 mg	Inhalation	Bag Valve Mask	
Oral Glucose				15 g	Oral	Oral Airway	
Glucagon				1 mg	IM	Nasal Airway	
Narcan				2 mg	IM/IN	i-Gel Airway	
Aspirin				324 mg	Oral	Defib #1	
Nitro Tablet				0.4 mg	SL	Defib #2	
Zofran				4 mg	Oral	Defib #3	
Benadryl				50 mg	Oral	Defib #4	
Epinephrine				0.3 mg	IM	Notes:	
Peds Epi				0.15 mg	IM		

Narrative

EMS Crew Member(s) Electronic Signature(s):

Crew Member 1	Crew Member 2	Crew Member 3	Crew Member 4
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Peoria Area EMS System Non-transport patient care report narrative (Page 2)

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